

## MASSACHUSETTS TREATMENT CENTER

PROGRAM: WCCW TIME: 7-95

TIME : 7.345

DATE/DAY: Jan 6-06 Fri NUMBER OF  
CIVIL / STATE (CIRCLE ONE) OUTSIDE VOLUNTEERS: 0

**NUMBER OF**

#### OUTSIDE VOLUNTEERS:

## MASSACHUSETTS TREATMENT CENTER

## PROGRAM :

## Classification

TIME: 7:7 *sec*

DATE/DAY:

Wed 11/11/06

**NUMBER OF**

**CIVIL / STATE (CIRCLE ONE)**

**NUMBER OF  
OUTSIDE VOLUNTEERS:**

NAME	ID #	UNIT
[REDACTED]	[REDACTED]	A-2
[REDACTED]	[REDACTED]	A-2
[REDACTED]	[REDACTED]	A-1
[REDACTED]	[REDACTED]	A-2
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## MASSACHUSETTS TREATMENT CENTER

PROGRAM :

WICC IN

TIME :

7:24

DATE/DAY :

Fri Jan. 13-06

NUMBER OF

CIVIL / STATE (CIRCLE ONE)

OUTSIDE VOLUNTEERS: 

NAME	ID #	UNIT
[REDACTED]	[REDACTED]	A-2
[REDACTED]	[REDACTED]	A-2
[REDACTED]	[REDACTED]	A-2
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## MASSACHUSETTS TREATMENT CENTER

PROGRAM: 6.1.CC.IV TIME: 7-840

TIME: 7-840

DATE/DAY : Wed 1-17-06  
CIVIL / STATE (CIRCLE ONE)

NUMBER OF

**NUMBER OF  
OUTSIDE VOLUNTEERS:**

NAME	ID #	UNIT
[REDACTED]	[REDACTED]	A-2
[REDACTED]	[REDACTED]	D-2
[REDACTED]	[REDACTED]	A-2
[REDACTED]	[REDACTED]	D-1
		B-2
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## MASSACHUSETTS TREATMENT CENTER

PROGRAM: Wicciin TIME: 7-840DATE/DAY: Fri 20-06 NUMBER OF  
CIVIL / STATE (CIRCLE ONE) OUTSIDE VOLUNTEERS: Q

NAME	ID #	UNIT
[REDACTED]	[REDACTED]	A-2
[REDACTED]	[REDACTED]	A-2
[REDACTED]	[REDACTED]	D-2
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## MASSACHUSETTS TREATMENT CENTER

PROGRAM :

Wicca

TIME :

7: 8:40

DATE/DAY :

Wed. 1-26-06

NUMBER OF

CIVIL / STATE (CIRCLE ONE)

OUTSIDE VOLUNTEERS: 

NAME	ID #	UNIT
[REDACTED]	[REDACTED]	A-2
[REDACTED]	[REDACTED]	B-2
[REDACTED]	[REDACTED]	A-2
[REDACTED]	[REDACTED]	D-2
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## MASSACHUSETTS TREATMENT CENTER

PROGRAM :

Wicciw

TIME :

7-848

DATE/DAY :

Fri 1-27-06

NUMBER OF

CIVIL / STATE (CIRCLE ONE)

OUTSIDE VOLUNTEERS: 

NAME	ID #	UNIT
[REDACTED]	[REDACTED]	A-2
[REDACTED]	[REDACTED]	A-2
[REDACTED]	[REDACTED]	B-2
[REDACTED]	[REDACTED]	D-2
[REDACTED]	[REDACTED]	D1
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## MASSACHUSETTS TREATMENT CENTER

PROGRAM :

Wiccan

TIME : 7-840

DATE/DAY :

Wed Feb 1-06

NUMBER OF

CIVIL / STATE (CIRCLE ONE)

OUTSIDE VOLUNTEERS: 

NAME	ID #	UNIT
[REDACTED]	[REDACTED]	A-2
[REDACTED]	[REDACTED]	A-2
[REDACTED]	[REDACTED]	B-2
[REDACTED]	[REDACTED]	P-2
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## MASSACHUSETTS TREATMENT CENTER

PROGRAM :

Wicciw

TIME : 7-840

DATE/DAY :

Fr Feb 3 '06

NUMBER OF

CIVIL STATE (CIRCLE ONE)

OUTSIDE VOLUNTEERS: 

NAME	ID #	UNIT
[REDACTED]	[REDACTED]	A-2
[REDACTED]	[REDACTED]	A-2
[REDACTED]	[REDACTED]	B-2
[REDACTED]	[REDACTED]	D-2
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## MASSACHUSETTS TREATMENT CENTER

PROGRAM: Wicciin TIME: 7-844DATE/DAY: Wed 2/8/06 NUMBER OF  
STATE (CIRCLE ONE) OUTSIDE VOLUNTEERS: Ø

NAME	ID #	UNIT
[REDACTED]	[REDACTED]	A-2
[REDACTED]	[REDACTED]	A-2
[REDACTED]	[REDACTED]	B-2
[REDACTED]	[REDACTED]	D-2
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## MASSACHUSETTS TREATMENT CENTER

PROGRAM:

Wicci

TIME:

2840

DATE/DAY:

Fri 2/16/06

NUMBER OF

CIVIL STATE (CIRCLE ONE)

OUTSIDE VOLUNTEERS:

NAME	ID #	UNIT
[REDACTED]	[REDACTED]	A2
[REDACTED]	[REDACTED]	D2
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## MASSACHUSETTS TREATMENT CENTER

PROGRAM : WICCI TIME : 7-846DATE/DAY : Wed 2/15/06 NUMBER OF  
OUTSIDE VOLUNTEERS: 2  
WICCI STATE (CIRCLE ONE)

NAME	ID #	UNIT
[REDACTED]	[REDACTED]	A-2
[REDACTED]	[REDACTED]	A-2
[REDACTED]	[REDACTED]	A-1
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## MASSACHUSETTS TREATMENT CENTER

PROGRAM :

Viscon

TIME :

7-840

DATE/DAY :

Fri Feb 17-06

NUMBER OF

VILY STATE (CIRCLE ONE)

OUTSIDE VOLUNTEERS: 

NAME	ID #	UNIT
[REDACTED]	[REDACTED]	A-2
[REDACTED]	[REDACTED]	A-2
[REDACTED]	[REDACTED]	B-2
[REDACTED]	[REDACTED]	A-1
1		
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## MASSACHUSETTS TREATMENT CENTER

PROGRAM:

Wiccan

TIME:

7-749

DATE/DAY:

Wed. 2-22-06

NUMBER OF

CIVIL / STATE (CIRCLE ONE)

OUTSIDE VOLUNTEERS:

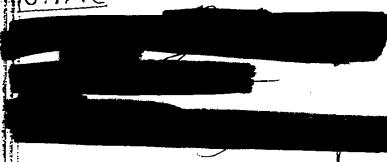
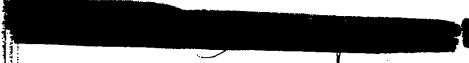
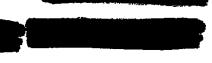
NAME	ID #	UNIT
[REDACTED]	[REDACTED]	A-2
[REDACTED]	[REDACTED]	A-2
[REDACTED]	[REDACTED]	D2
[REDACTED]	[REDACTED]	A-1
[REDACTED]	[REDACTED]	B-2
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## MASSACHUSETTS TREATMENT CENTER

PROGRAM: Wiccan TIME: 7:845DATE/DAY: Fri 2-24-06 NUMBER OF  
CIVIL / STATE (CIRCLE ONE) OUTSIDE VOLUNTEERS: 0

NAME	ID #	UNIT
[REDACTED]	[REDACTED]	A-2
[REDACTED]	[REDACTED]	A-L
[REDACTED]	[REDACTED]	B-2
[REDACTED]	[REDACTED]	D2
[REDACTED]	[REDACTED]	A-1
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*[Signature]*

V. of Group	<u>WICCI</u>	DATE	<u>3-1-06</u>
<u>CIVIL</u>		VOL.	<input checked="" type="checkbox"/>
NAME	<u>CARD #</u>	UNIT	<u>A-Z</u>
			<u>A-Z</u>
			<u>A -</u>
			

## MASSACHUSETTS TREATMENT CENTER

PROGRAM: Wiccan TIME: 7-840DATE/DAY: 7-13-06 NUMBER OF  
CIVIL / STATE (CIRCLE ONE) OUTSIDE VOLUNTEERS: 

NAME	ID #	UNIT
1		A-2
2		A-2
3		A-1
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## MASSACHUSETTS TREATMENT CENTER

PROGRAM :

Wiccan

TIME : 7-840

DATE/DAY :

Wed 3/8/06

CIVIL / STATE (CIRCLE ONE)

NUMBER OF

OUTSIDE VOLUNTEERS: 0

	NAME	ID #	UNIT
1	[REDACTED]	[REDACTED]	A-2
2	[REDACTED]	[REDACTED]	A-2
3	[REDACTED]	[REDACTED]	B-2
4	[REDACTED]	[REDACTED]	A-1
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## MASSACHUSETTS TREATMENT CENTER

PROGRAM: WICCAN TIME: 7:849DATE/DAY: Fri 3/10/06 NUMBER OF  
 CIVIL/ STATE (CIRCLE ONE) OUTSIDE VOLUNTEERS: 0

	NAME	ID #	UNIT
2			
3			8-2
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## MASSACHUSETTS TREATMENT CENTER

PROGRAM:

Wicca

TIME: 7-840

DATE/DAY:

Wed 3-15-06

NUMBER OF

CIVIL / STATE (CIRCLE ONE)

OUTSIDE VOLUNTEERS: 

	NAME	ID #	UNIT
1	[REDACTED]	[REDACTED]	A-2
2	[REDACTED]	[REDACTED]	A-2
3	[REDACTED]	[REDACTED]	A-1
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## MASSACHUSETTS TREATMENT CENTER

PROGRAM:

WICCAN

TIME:

7-8-06

DATE/DAY:

TUES 3-17-06

NUMBER OF

CIVIL STATE (IRCLE ONE)

OUTSIDE VOLUNTEERS:

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	NAME	ID #	UNIT
1			A-2
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3			B-1
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## MASSACHUSETTS TREATMENT CENTER

PROGRAM:

WICCAN

TIME: 7-8 40

DATE/DAY:

Wed 3/22/06

CIVIL STATE (CIRCLE ONE)

NUMBER OF  
OUTSIDE VOLUNTEERS: 

	NAME	ID #	UNIT
1			A-2
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3			B-2
4			A-1
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## MASSACHUSETTS TREATMENT CENTER

PROGRAM :

WICCAN

TIME :

2840

DATE/DAY :

Fri 3-28-06

CIVIL / STATE (CIRCLE ONE)

NUMBER OF

OUTSIDE VOLUNTEERS:

	NAME	ID #	UNIT
1	[REDACTED]	[REDACTED]	A-2
2	[REDACTED]	[REDACTED]	A-2
3	[REDACTED]	[REDACTED]	B-2
4	[REDACTED]	[REDACTED]	A-1
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## MASSACHUSETTS TREATMENT CENTER

PROGRAM : Wiccan TIME : 7:840  
DATE/DAY : Wed. 3/29/06 NUMBER OF  
CIVIL / STATE (CIRCLE ONE) OUTSIDE VOLUNTEERS: 0

	NAME	ID #	UNIT
1	[REDACTED]	[REDACTED]	A-2
2	[REDACTED]	[REDACTED]	A-2
3	[REDACTED]	[REDACTED]	A-1
4	[REDACTED]	[REDACTED]	D2
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## MASSACHUSETTS TREATMENT CENTER

PROGRAM: Wiccan TIME: 7-840DATE/DAY: Fri 3/31-06 NUMBER OF  
 CIVIL STATE (CIRCLE ONE) OUTSIDE VOLUNTEERS: 0

	NAME	ID #	UNIT
1	[REDACTED]	[REDACTED]	[REDACTED]
2	[REDACTED]	[REDACTED]	[REDACTED]
3	[REDACTED]	[REDACTED]	[REDACTED]
4			
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